PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number					
	PATENT	RD											
Effective October 1, 2000								09826954.					
		CLAIMS A			i		9	SMALL ENTITY		OTHER THA			
-	TAL CLAIMS		(Column	1)	(Column 2)			TYPE		OR	OR SMALL ENTIT		
TOTAL CLATIVIS			82					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			269_minus 20=		214			X\$ 9=		OR	X\$18=	4482	
INDEPENDENT CLAIMS			1 — minus 3 =		-6		ı	X40=		OR	X80=	480.0	
MU	ILTIPLE DEPE	NDENT CLAIM P				ı	+135=	1		+270=			
· If	* If the difference in column 1 is less than zero, enter "0" in column 2								 	OR		2711.0	
	CLAIMS AS AMENDED - PART II									OR	TOTAL	.5442.	
		(Column 1)	VIVIE IN OFF	(Column 2) (Column 3)				SMALL ENTITY			OTHER THAN R SMALL ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total		Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF M	Minus	144 DENDENIT	CLANA	=		X40=		OR	X80=		
┞	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
							L	TOTAL DDIT. FEE		OR	TOTAL		
	(Column 1) (Column 2) (Column 3)								L <u>——,</u>	,	ADDIT. FEE		
AMENDMENT B	CLAIMS REMAINING			HIGH	EST	PRESENT			ADDI-	1 [ADDI-	
		AFTER AMENDMENT		PREVIO PAID	DUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total		Minus	••		=		X\$ 9=		OR	X\$18=		
¥	Independent - FIRST PRESENTATION OF MU		Minus		C) ADA	=		X40≖		OR	X80=		
_	PHOT PRESENTATION OF MOLTIFLE DEFENDENT CLAIM							+135=		OR	+270=		
										OR ,	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)							ODIT. FEE		-			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER HUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	,	Minus			=	T	X40=		ŀ	X8 0 =		
لنا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135= TOTAL		OR	+270=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
	The "Highest Num	noer Previously Pai	d For (Total or	Independe	nt) is the	n a, emer a. highest number	lound	in the app	ropriate box	in colu	mn 1.	l	
											· ·		

FORM PTO-875 (Rev. 8/00)

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